

NOV 14 2007

FAX TRANSMISSION**DATE:** November 14, 2007**PTO IDENTIFIER:** Application Number 10/622,932-Conf. #3572
Patent Number**Inventor:** Subhashis BANERJEE**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Cristin E. Howley, Ph.D.

PHONE: (617) 994-0796**Attorney Dkt. #:** BPI-187**PAGES (Including Cover Sheet):** 7**CONTENTS:** Fee Transmittal (1 page, in duplicate)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Notice of Appeal (1 page)
Transmittal (1 page)
Certificate of Transmission (1 page)
Charge \$1,560.00 to deposit account 12-0080

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 994-0796 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLPOne Post Office Square, Boston, Massachusetts 02108-2127
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

RECEIVED
CENTRAL FAX CENTER
NOV 14 2007

PTO/SB/87 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U. S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE~~Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.~~

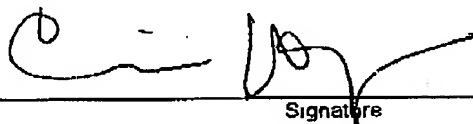
Application No. (if known): 10/622,932

Attorney Docket No.: BPI-187

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on November 14, 2007
Date


SignatureCristin E. Howley, Ph D

Typed or printed name of person signing Certificate

55,281

Registration Number, if applicable

(617) 994-0796

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper

Fee Transmittal (1 page, in duplicate)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Notice of Appeal (1 page)

Transmittal (1 page)

Charge \$1,560.00 to deposit account 12-0080

RECEIVED
CENTRAL FAX CENTER

NOV 14 2007

PTO/SB/21 (10-07)

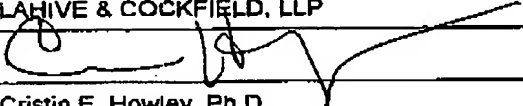
Approved for use through 10/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/622,932-Conf. #3572
	Filing Date	July 18, 2003
	First Named Inventor	Subhashis BANERJEE
	Art Unit	1643
	Examiner Name	D. J. Blanchard
Total Number of Pages in This Submission	Attorney Docket Number	BPI-187

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Certificate of Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Cristin E. Howley, Ph.D.		
Date	November 14, 2007	Reg. No	55,281

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated November 14, 2007	Signature  (Cristin E. Howley, Ph.D.)

RECEIVED
CENTRAL FAX CENTER
 NOV 14 2007

PTO/SB/17 (10-07)

Approved for use through 06/30/2010 OMB 0651-0032
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/01/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4210). FEE TRANSMITTAL For FY 2008		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/622,932-Conf. #3572
		Filing Date	July 18, 2003
		First Named Inventor	Subhashis BANERJEE
		Examiner Name	D. J. Blanchard
		Art Unit	1643
TOTAL AMOUNT OF PAYMENT		(\$)	1,560.00
		Attorney Docket No.	BPI-187

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 =	x	=	

MP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 =	x	=	

MP = highest number of independent claims paid for, if greater than 3

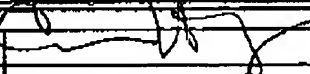
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge)	1253 Extension for response within third month
	1401 Notice of appeal
	1,050.00
	510.00

SUBMITTED BY		Registration No.	Telephone
Signature		(Attorney/Agent) 55,281	(617) 994-0796
Name (Print/Type)	Cristin E. Howley, Ph.D.	Date	November 14, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 14, 2007

Signature  (Cristin E. Howley, Ph.D.)